Virginia Department of Health
Refugee and Immigrant Health Program Manual

***Mission Statement*:** Protecting the public's health by empowering VDH health districts to provide thorough initial health assessments to all new refugees entering the Commonwealth.

***Objective*:** To identify and eliminate health related barriers to successful resettlement of Virginia's refugee population while protecting the health of the U.S. population

Program Background

Each year thousands of persons leave their homelands to settle in new and distant lands. Among these are refugees who are defined as persons forced to flee his/her country of origin because of a well-founded fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group. Many refugees spend months or years in hastily set up refugee camps, awaiting the right to return home or to resettle in a new country kind enough to provide long-term refuge. The United States (US) has a long history of accepting refugees from around the world. During the years following World War II, refugees have been designated a distinct class of legal immigrants, who based on social or political criteria, are designated as in need of humanitarian protection and safe haven.

In the US, many refugees are assisted in their resettlement process by humanitarian or faith-based voluntary agencies (VOLAGs). Funding available through The US Department of Health and Human Services (DHHS), Office of Refugee Resettlement (ORR) assists these agencies with the resettlement process.

The term refugee is used throughout this document and refers to the following eligible immigrant groups:

- ***Refugees*** are defined in the previous paragraph.
- ***Asylees*** are defined as foreign nationals that cannot return to their country of origin or residence because of a well-founded fear of persecution because of race, nationality, and membership in a particular social group. A*sylees* apply for and receive this status *after* entering the United States, while refugees apply for and receive their status *before* entering the United States.
- ***Cuban and Haitian Entrants*** are defined as persons of Cuban or Haitian origin granted parole status or special status under United States immigration laws.
- ***Amerasians*** are defined as persons of Asian and American descent, primarily children fathered by American servicemen and born between 1/1/1962 and 1/1/1976.
- ***Unaccompanied Minors*** are defined as refugee children (under 18 years of age) that arrive in the United States unaccompanied by a parent or other close adult relative and will require foster care.

- ***Victims of Trafficking*** are persons who have been victim of sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or persons that have been recruited, harbored, transported etc. for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Inclusion of this group began in 2000.

Each of these groups will have a different admission legal status as listed on their I-94 card an Immigration and Naturalization Service (INS) document, however *Victims of Trafficking* are provided a letter of certification, instead of an I-94. All, included in the list, above are eligible for benefits administered by ORR.

Under the Federal Refugee Act of 1980, a uniform system of services was created for refugees resettling in the United States. The purpose of this act was "to provide for the effective resettlement of refugees" and "to assist refugees to achieve economic self-sufficiency as quickly as possible". Among the benefits provided to refugees under this Act is a comprehensive health assessment. This health assessment should be performed as soon after arrival as possible and which is designed to identify and eliminate health related barriers to successful resettlement while protecting the health of the US population. Federal Refugee Medical Assistance (RMA) funds are available to each state to underwrite the cost of these medical assessments.

The Department of Social Services (DSS), Office of Newcomer Services (ONS), administers the federal RMA funds in Virginia. ONS works through the Virginia Department of Health (VDH), Refugee Health and Immigrant Program (RIHP) to coordinate, facilitate, and monitor the provision of initial health assessment services to newly arrived refugees. ORR provides funding to the RIHP to maintain necessary infrastructure. Because tuberculosis (TB) infection and disease are common health problems observed in the refugee population, the Virginia RHP became a part of the Division of TB Control (DTC) in 1997.

<u>The Overseas Medical Examination</u>

All immigrants (any person entering the US as a lawful permanent resident (LPR)) are required by law to undergo a medical examination *oversea*, *prior* to their resettlement in the US. Refugees also must receive this medical examination prior to US entry. The medical examination is designed to identify certain medical conditions that may deny the person entry into the US. Presently, these *excludable conditions* are defined as:

- a communicable disease of public health significance (*e.g*. potentially infectious tuberculosis, Hansen's Disease (HD), certain sexually transmitted diseases, human immunodeficiency virus (HIV) infection or acquired immunodeficiency syndrome (AIDS)
- a current or past physical or mental disorder that is associated with harmful behavior

- drug abuse or addiction.

"Classified" Medical Conditions

"Class A" Conditions

Identification of an excludable condition during the overseas examination results in assignment of a "classification". Persons designated with a "Class A" condition cannot enter the US. Although the presence of any of these diseases, termed as *excludable conditions,* prevents the granting of an entry visa, a waiver process exists for non-refugee immigrants, with some "Class A" conditions. If an applicant with HIV infection, for example, can demonstrate the means to financially support his or her health care in the US, a waiver for entry may be issued. Refugees, with HIV infection, are admitted on a case-by-case basis, also with a waiver while the financial support for their health care may be covered under RMA funds. There is no waiver provision for visa applicants with drug abuse or addiction.

Tuberculosis Conditions

The system for classifying individuals with tuberculosis is more complex. Those with potentially infectious tuberculosis (defined by the presence of positive smears) are designated "Class A" tuberculosis. These persons are required to begin treatment overseas and when non-infectious they may reapply for an entry visa, with a waiver. Family or other sponsors for these persons may request their local health department assist them with this process. Persons with evidence of active tuberculosis on chest radiograph but negative sputum smears are designated as "Class B1" tuberculosis, while those who have radiographic evidence of inactive tuberculosis are "Class B2" tuberculosis.

"B other" Conditions

"B other" conditions may include health conditions such as pregnancy, hypertension, diabetes, cancer, and mental health, traumatic wound care or revisions, and so on. There are *no* entry restrictions for an immigrant or refugee with a "B other" health condition.

Proof of Vaccination

In 1996, the US Congress amended the Immigration and Nationality Act (INA) and revised the health related grounds of inadmissibility. A subsection, *Proof of Vaccination Requirements for Immigrants*, was added, which requires any alien who seeks an immigrant visa or an adjustment to status as a LPR to present proof of vaccination against certain vaccine preventable diseases. Refugees must comply with this requirement by the time they apply for adjustment of status, usually about one year after arrival into the US.

Arrival at the US Port of Entry

In the United Sates, quarantine stations are located at eight major international airports. Each station has responsibility for all ports of entry in an assigned geographic area. All arriving passengers and

crew are observed for signs and symptoms of illness. Passengers meeting certain criteria may be questioned or detained. Arriving aliens (immigrants and refugees) particularly those with Class A or B classified conditions will have their medical documents and immunization records reviewed for completeness. Refugees normally arrive at ports where quarantine inspectors are assigned, but this may not always be the case. If a quarantine inspector is not available, an immigration inspector will review the refugees' documents and report the information to the station that covers that geographic area. Immigrants and refugees with classified health conditions are reminded, at the port of entry, that they need to report to the local health department where they intend to resettle, for an evaluation of that classified health condition and a health assessment. The quarantine stations will then send a "Notification of Arrival" and medical documentation to the state health department in which the immigrant or refugee has indicated they will resettle.

Notification of Arrivals to State & Health District

In Virginia, the RIHP receives these Notifications of Arrival and medical information, for *all refugees and any immigrant with a classified health condition entering the state*. Since 1997, the RIHP has entered demographic information from these notifications into a program database, prior to their distribution to the local health district. This refugee database has allowed for tracking of refugee arrivals to the various health districts within Virginia. The database also collects basic health information so that emerging trends in this population may be identified.

The program also enters information on any alien (refugee or immigrant) with a tuberculosis-classified condition into another database. Basic demographic information for these aliens is entered. Also entered is some information of the overseas examination, such as their "tuberculosis classification", date and port of entry, as well as a contact address and phone number as provided. DTC plans to have this alien database be compatible with its web-based suspect and case reporting system. This database is also intended to be compatible with the Centers for Disease Control and Prevention, Division of Quarantine and Global Migration future database, for electronic notification of these arrivals.

District Health Services

TB Classified Aliens

Aliens with a "TB classified" condition are expected to report to the local health department in the area they are resettling. They should be evaluated for their reported TB condition. All should be evaluated for clinical signs and symptoms of tuberculosis disease and given a TST. All should be provided a chest x-ray in the US. At least three sputa specimen, one collected on three consecutive days are indicted if the alien is symptomatic or it is otherwise indicated. The first specimen should always be collected in the presence of a health care worker. Finally the alien should be placed on appropriate medication for active or

suspected tuberculosis or latent tuberculosis infection. The use of Directly Observed Therapy (DOT) in this population is strongly encouraged.

Aliens Classified with Hansen's Disease

Hansen's disease (HD) may be noted on the overseas medical examination or identified by a local health department or primary physician during a medical assessment process. A national program recently relocated to Baton Rouge, Louisiana provides services to persons in the US with HD. Persons with HD under care of a private physician can receive the HD medications at no cost through this program. Call the RIHP for further details.

Refugee Health Assessments

For many years, local health districts in Virginia have provided some level of health assessment services to newly arriving refugees. These services had been paid for by the refugee or out of local health district budgets. With incorporation of the RIHP into DTC, a statewide protocol for the Refugee Health Assessment that included a standardized health assessment was implemented. The program database also facilitates the reimbursement for the assessment from DSS to VDH local health districts. RIHP allowed for four Levels to the health assessment, ranging from a complete health assessment to the minimum, an evaluation for tuberculosis. The Program further designed the RMA reimbursement to reflect the level of service provided by districts.

- ***Level I*** the evaluation for tuberculosis disease or infection, includes an assessment for clinical signs and symptoms of tuberculosis, placement and interpretation of a tuberculin skin test reading, and a chest x-ray and therapy as indicated
- ***Level II*** includes a gross but complete patient inspection or assessment, some laboratory testing as indicated. An assessment of the refugee's immunization status is also included in this level.
- ***Level III*** includes listening to heart and lung sounds for any abnormalities, not a diagnosis. Also included is further testing as appropriate for age, such as a developmental evaluation for young children, further evaluation for anemia findings and /or sexually transmitted diseases as indicated. Education regarding cardiovascular disease, cancer, HIV etc. may also be indicated.
- ***Level IV*** is case management. Many refugees require some level of case management by a public health nurse and so Level IV was designed to not only to capture these data but also to reimburse health districts for the knowledge and skill required to perform this case management.

The public health system is uniquely qualified to identify conditions of public health significance. Refugees, as all newcomers to the US, must learn to navigate the US health care system, which can be overwhelming to many. A holistic approach to provide health care to this vulnerable population is imperative for the first months in their new country. That health districts provide a detailed assessment of each refugee newcomer is essential to this process. Health districts are encouraged to begin the orientation process to our health care system, while providing referrals to follow up of health problems identified at the

assessment. Providing appropriate treatment for TB disease and latent TB infection (LTBI) is but one example of treating the condition, while providing education to the client and protecting the public health.

Health districts are encouraged *not to charge* the refugee for any elements of the initial health assessment, as *funding is available* from RIHP. That refugees receive a health assessment within 30 days of arrival into the US is an objective that ORR has set for VOLAGs resettling refugees. Ideally the assessment should be completed within three months of arrival into the US.

Refugee Health Assessment Protocol

This protocol serves as a standard for health services provided to Virginia's newly arrived refugees. Essential to this process is the collection and reporting of data to the central office RIHP.

Objectives:

- To ensure follow up evaluation, treatment and /or referral of Class A or B medical conditions identified during the overseas medical examination.
- To identify persons with communicable diseases of public health significance.
- To identify personal health conditions that may adversely impact effective resettlement, e.g. job placement, language training, or attending school.

Goals:

- To provide the initial health assessment which the first 30 days of arrival into the US, but at least within the first 90 days of arrival.
- To initiate referrals for follow up of health problem identified at the assessment process.

Recommendations

Assessment Process:

- Immigrants with any refugee status as defined under the Program Background are eligible for this program and RMA funds.
- A licensed provider, that is a public health nurse, a nurse practitioner, physician assistant, a physician or some combination of these, can complete the health assessment. Districts are encouraged to make maximum use of trained assistants for measurements, vision checks, etc.
- Voluntary agencies have instructed refugees to bring copies of the overseas medical examination, chest x-ray, immunization record and other useful information to the appointment.
- District staff is encouraged to make maximum use of available public programs such as family planning and prenatal clinics, immunization clinics, nutrition programs (WIC), and Early Periodic Screening Diagnosis and Treatment (EPSDT)

- For health conditions identified health during the assessment, follow up or referral should be provided as appropriate

Review of Past Medical History

- Verify name, gender, date of birth, alien number, country of origin, length of stay in country (s) of refuge, date of arrival into the US, ethnicity, primary language, literacy level, ability to communicate in English, and contact information.
- Review the overseas medical examination documentation on theDS-2053 and DS-3026.
- *Any classified medical conditions will require evaluation in the US.*
- Review the refugee's medical history and other medical records as available such as chest film, immunization records, and psychosocial history including any torture or trauma.

Present Health Status

- Question for recent fever, diarrhea, cough, weigh loss, night sweats, hemoptysis.
- Question for recent illness in self or family group.
- Question for any known medical problems such as allergies, or medications.

The Health Assessment

- A gross assessment or inspection of the refugee's general condition should be noted.
- Evaluate for tuberculosis-like signs or symptoms, place a Mantoux skin test. If signs or symptoms (S/S) of tuberculosis are present or if the TST is 10 mm or greater a chest x-ray is indicated. Sputum collection may also be indicated. Treatment for suspected or confirmed tuberculosis disease, or latent tuberculosis infection should be started promptly.
- Assess vision (Snellen chart) and hearing (whisper or rubbing test).
- Inspect the oral cavity if within normal limits or not.
- Take height, weight, pulse and respiration and note any abnormality.
- Perform a hematocrit or hemoglobin and note if outside the normal range for age and sex.
- If over age 5, take blood pressure, and note if abnormal.
- Immunizations should be assessed following ACIP recommendations.
- If presence of an STD is documented on the overseas medical examination, confirm with appropriate tests in the US.
- Hepatitis B testing or stool collection may be indicated especially for refugees that have spent many months in refugee camps in Africa, Asia, and the Middle East or if symptomatic.
- If female, assess for family planning or prenatal referral.
- Assess the mental orientation to person, place, date, and time, noting any normality.

- Listen to heart and lungs and note if sounds are normal or abnormal. A diagnosis is not required on the assessment. Refer the refugee for follow up as appropriate if abnormal sounds are noted Age Specific
- Findings are either within normal limits or not. Those outside of the norm should be referred as appropriate.

Age Specific Recommendations

Children less than 5 years of age:

- Assess head circumference
- Screen for development milestones

For all refugees 5 years old or more:

- Assess the developmental level and mental status
- Refer for a nutritional evaluation if height, weight is below normal
- Refer for evaluation if blood pressure elevated
- If hematocrit is lower than normal consider labs to assess CBC with indices, lead level, and /or for malaria screening
- Screen for genetic conditions as appropriate (DCLS will test for sickle cell, thalassemia, as well as other abnormal hemoglobin conditions (be sure to write *refugee* across the lab slip)
- Counsel for HIV testing as indicated
- As indicated, provide education about health conditions as indicated

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Guidelines to Completing the Refugee Health Assessment

Working through the assessment form.

- Write in the district that is providing the health assessment.
- Write in the date the health assessment is provided.

Note: When choosing answers to elements on the assessment form, choose one that most closely answers the element. The database does not allow for writing in a choice other than the choices provided. The format and form is designed for data entry, data collection and invoicing for the services.

LEVEL I is the required minimum.

Level I *includes* a risk assessment and nurse evaluation for tuberculosis (TB) disease and /or latent TB infection (LTBI). A tuberculin skin test (TST) should always be done in the US and read by a health department professional. If the refugee is symptomatic for disease *and/or* the TST is 10 mm or greater, a chest x-ray should be done in the US, and the refugee should be evaluated for tuberculosis disease by a qualified physician. Therapy is provided for any refugee with suspected or confirmed TB disease or LTBI.

Note: If a chest x-ray is indicated or the refugee is symptomatic, your district will be providing nurse case management. Be sure to circle "YES" to the first question in LEVEL IV.

LEVEL I is reimbursed at $75

Language Needs

- Write in the refugee's primary language (first language), *other* than English.

Document if an interpreter was needed to conduct this assessment.

- Answer YES or NO if an interpreter was necessary to complete the assessment.
- If "NO" go on to LEVEL II.
- If "YES", be sure to answer the next three questions
- Document YES or NO if a *****competent interpreter was available to conduct this assessment. If available we assume that the interpreter is used, so document as such.
- Indicate YES or NO if a family member or friend assisted with the interpretation.

***** *Definition* of Competent as it refers to interpreter:

According to Title VI of the Civil Rights Act of 1964, 42 U.S.C Section 2000det.seq., the competency requirement contemplates demonstrated proficiency in both English and the other language, orientation and training that includes the skills and ethics of interpreting (e.g. issues of confidentiality), fundamental knowledge in both languages of any specialized terms (e.g. medical, health, etc.), or concepts peculiar to the recipient covered entity's program or activity, sensitivity to the person's culture and a demonstrated ability to convey information in both languages, accurately.

This completes LEVEL I.

LEVEL II

Refugees are evaluated for diseases of public health significance prior to their departure to the United States. Following their arrival, refugees are expected to undergo a more comprehensive health assessment; the objective is to identify any condition that may impede their successful resettlement or to identify any conditions of public health significance. LEVEL II includes a health history, a gross overall health assessment, and a review of the refugee's immunization status.

All health districts are encouraged to completes LEVEL II …

That refugees receive their required immunizations soon after arrival into the US is another ORR objective VOLAGs strive to meet.

For compensation ALL must be addressed and answered appropriately as in "YES, NO, Done, or NA".

- Review the refugee's health history and indicate if within normal limits or not.
- Question if the refugee has any health problems currently. Conduct a gross physical inspection and indicate if within normal limits or not.
- Perform a gross vision and hearing inspection. Using a Snellen eye chart for a gross vision and a whisper or fabric rub for hearing is acceptable. Indicate if grossly within normal limits or not.
- Perform an oral and dental gross inspection. Indicate if grossly within normal limits or not.
- If a STD is indicated on the refugee's overseas medical examination, provide follow up testing as indicated.

- Check height and weight, and determine if grossly appropriate for age and sex or not.
- Provide either a hemoglobin or hematocrit, and determine if appropriate for age and sex. State YES or NO. If "NO", a referral for follow up is expected in Level IV.
- If age 5 years or more, check blood pressure and determine if grossly within limits or not.

Review the refugee's immunization history. Using the Advisory Committee on Immunization Practices (ACIP) recommendations update the refugee's immunizations starting as soon as possible.

- If any immunizations are needed in order to update status indicate, "YES".

Begin to provide any needed immunizations to the refugee at this visit and then refer the refugee for follow up through your immunization clinics. Updating immunizations is very important to the refugee. Once the refugee is in the US one year s/he must adjust their status with the INS and they MUST by law, have been immunized against all vaccine preventable diseases. It is helpful to stress this fact to the refugee and the sponsor. Refugees should be encouraged to keep their immunization record in a safe place.

- If the refugee is from Africa, Asia, Near or Middle East, and at times the former Soviet States, screening for Hepatitis B is indicated. LHDs may use the same form and method for this screening as they use in prenatal clinics. BE SURE TO WRITE "REFUGEE" ACROSS THE LAB SLIP.
- If the refugee is from the above listed areas, it is recommended to obtain two stool specimens. Again, use the DCLS lab slip and BE SURE TO WRITE "REFUGEE" ACROSS THE LAB SLIP.

Long-term care, hospitality or food services are areas where the new refugees will usually find first employment in the US; therefore explaining the need to collect two stool specimens may be indicated.

- If this refugee is a female, please indicate if this refugee is currently pregnant or not. Then refer the refugee for prenatal care, explaining its importance.
- Lastly, grossly assess the general mental health status, and indicate if you assess that it is within normal limits or not.

LEVEL II is now complete.

If any part of this gross assessment is NOT with normal limits, a medical referral for follow up is indicated in LEVEL IV. For LEVEL I & II, the reimbursement is $210 if age less that 11 and $250 if age 11 or over. To receive reimbursement for Level II, Level I must also be completed.

LEVEL III

A public health nurse, nurse practitioner, physician's assistant, or a MD may complete this portion of the refugee health assessment. These disciplines can each provide patient assessments. The public health nurse will refer patients with unusual or abnormal sounds or findings for follow up by a physician.

Listening to the heart and lung must be provided for compensation of this LEVEL.

The program does not ask the provider for a diagnosis but does assume that a refugee with any abnormal sounds or findings will be referred for physician follow up as appropriate. The refugee more often than not is eligible for refugee Medicaid. This will help to defray the cost of these medical referrals.

- Circle either done or not done to answer the first question.
- Determine the refugee's age and perform only the areas that are appropriate for the refugee's age, no more, no less.

Level III can be reimbursed only if Level II and I are also completed.

For Levels I, II, and III, the reimbursement is $230 for age less than 11 and $270 if age 11 or over.

LEVEL IV

Level IV captures the need for Public Health Nurse Case Management. For many refugees some level of nurse case management is necessary and compensation for providing this case management is appropriate. Here the findings in the previous three Levels are reviewed and referral for any identified need is circled "YES". Most refugees are eligible for refugee Medicaid for eight months and so usually have a payment source for needed medical follow up.

- Please read carefully and answer YES or NO for #1 through 15

Level IV is reimbursed at $100

Return completed forms *as soon as possible* to the Refugee Health Program. This allows timely and appropriate payment to be made to your health district.

Useful Information

Adjustment of Status and Immunizations

Immunization of refugees against all vaccine preventable diseases is not only a good public health practice, but also now the law. Refugees are required show proof of immunizations to change their legal residency status. Health districts are encouraged to begin providing immunizations as refugees present to them, stressing the need for follow up and maintaining their records.

"Blanket" Designation of Health Department Physicians as Civil Surgeon

Health Districts are referred to the August 3, 1998 letter from the Centers for Disease Control and Prevention, Division of Quarantine and Global Migration that explains the amendment to the Immigration and Nationality Act (INA). (The RIHP sent a copy of this memo to all health directors in 1998, copies are available on request.) The memo goes on to say that the Immigration and Nationalization Service (INS) issued a "blanket" designation of health departments as civil surgeons for refugees applying for adjustment of status under Section 209 of the INA. *This "blanket" authority can only be used for those with actual **"refugee"** status adjusting their legal status to LPR.* It *cannot* be used for those with "asylee" or other status, or for a refugee that entered with a "Class A" medical condition. Persons with these statuses must see an INS "designated civil surgeon". Districts may charge the refugee a reasonable fee for this service of using the "blanket" civil surgeon authority by a health department physician.

Title VI of the Civil Rights Act of 1964

Providing culturally and linguistically appropriate services to clients is a continuing challenge as the US population becomes increasingly diverse. VOLAGs and Virginia's Area Health Education Centers (AHEC) may be of assistance to local health districts, as well as other health providers, in meeting the health needs of Virginia's new refugees. A web site www.refugee.org/world may assist providers to increase their understanding of our refugees' cultures and needs.

The Department of Justice memorandum of October 26, 2001, confirmed validity of Title VI of the Civil Rights Act, 1964. The Act "prohibits discrimination by federal fund recipients because of race, color, or national origin. "National origin" covers limited English proficiency (LEP) (Lau v. Nichols, 414 U.S.563 (1974). The regulations prohibit "discriminatory impact" such as providing services more limited in scope or lower in quality, unreasonable delays in the delivery of services. or limiting participation in a program.

The Refugee and Immigrant Health Program has placed funds with several agencies to help health districts pay for costs related to providing LEP services to the new refugees. These agencies are:

- Northern Virginia AHEC, which covers services for the following health districts Arlington, Alexandria, Fairfax, Loudoun, and Prince William.
- The International Rescue Committee in Charlottesville, which covers health districts in the Charlottesville area
- The Virginia Council of Churches, which covers districts where this VOLAG resettles refugees such as the Richmond, Harrisonburg, and Tidewater areas.
- The Refugee and Immigration Services, which covers districts where this VOLAG resettles refugees such as the Richmond, Tidewater and Roanoke areas.

Mental Health

Mental health has been an identified problem for many refugees. As survival is a coping mechanism for the refugee, the need for mental health care may not manifest until the refugee has been in the US for a period of time. Health professionals are encouraged to be available for counseling and treatment as these needs arise in the refugee. ORR has funded several projects, nationally, to provide services for victims of torture. A Program for Survivors of Torture and Severe Trauma (PSTT) is located in Falls Church, Virginia. Contact the Center for Multi Cultural Human Services at 703-533-3302 for more information.

Other Useful Information

The US issues visa to more than 30 million persons yearly. Most of these non-immigrant visas are for students, tourists, businesspersons, or temporary workers that include the agricultural and hospitality industry, medical especially nurses, and various technical workers. None of these persons are required to undergo a medical examination overseas or in the US. However if they choose to change their entry status they must follow the process as enforced by the INS. The number of undocumented aliens, persons entering the US, is unknown. None of these aliens are eligible for ORR funded programs, however they are eligible for district tuberculosis services.

The US Department of State (DOS) and the Department of Justice (DOJ), INS conduct interviews of refugees overseas, an outcome of these interview will determine if the person may be provided refuge in the US. Security checks are also completed overseas. Once in the US, refugees must begin a plan with DOS to repay their airfare to the US. The DOS contracts with physicians overseas to provide the medical examination for potential immigrants including refugees. These physicians are called *panel physicians*.

In the US, the INS may require that at certain times immigrants including refugees, asylees undergo a complete medical examination to complete the adjustment of status or the naturalization process. Only a *designated civil surgeon*, a physician on contract with the INS, is authorized to perform these medical examinations. The CDC, DQGM provides technical instructions to both the panel physicians overseas and designated civil surgeons in the US.

At times immigrants or refugees that have been in the US for a year or more will come to the local health department requesting a medical examination to comply with an INS procedure or to begin the naturalization process. These aliens must see a private physician or a health department physician on contract with the INS as a *designated civil surgeon*. Other physicians are not authorized by the INS to complete these examinations. Further, at times these designated civil surgeons will refer these clients to the local health department for portions of the examination such as necessary chest x-rays or immunizations. Local health departments are not obligated to provide these services. The exception is any condition that is a threat to public health. The decision to provide and/ or charge for component to these examinations rests with the local health department. The opinion of RIHP is that the civil surgeon should provide the services necessary to complete the examination.

Lastly the INS, now known as the Bureau of Citizenship and Immigration (BCIS), has been restructured and also moved to the new US Department of Homeland Security.

<u>Central Office Program Contact Information</u>

Newcomer Health Program

Main phone line: 804-864-7910

Fax number: 804-864-7913

Coordinator's phone line: 804-864-7911